## **CLAIMS ONLY**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

|               | AS FILED   |  |  | TER<br>NDMENT                                    | AFTER<br>2nd AMENDMENT                           |  |
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| TOTAL<br>IND.          |  | 1            |              |              |  |          |  |  |
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| DEP.<br>TOTAL<br>CLAIM | —  |              |              |              |  |          |  |  |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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